

Please type a plus sign (+) inside this box



UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. 42P13585	
(Only for new nonprovisional applications under 37 CFR 1.53(b))		First Inventor	Andrew V. Anderson, et al.
		Title	METHOD AND APPARATUS FOR DIFFERENTIAL, BANDWIDTH-EFFICIENT AND STORAGE-EFFICIENT BACKUPS
		Express Mail Label No.	EV339905592US
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification [Total Pages 49] (preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure		a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 9]		9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	
5. Oath or Declaration (signed) [Total Pages 4] <ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 18 completed)<ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		10. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		11. <input type="checkbox"/> English Translation Document (if applicable)	
		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
		13. <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Application Amended to Reflect Claim of Priority	
		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
		15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
		16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
		17. <input type="checkbox"/> Other: _____	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:			
<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____			
Prior application Information: Examiner: _____ Group/Art Unit: _____			
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
18. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number 08791 or <input type="checkbox"/> Correspondence address below			
Name _____			
Address _____			
City _____ State _____ Zip Code _____			
Country _____ Telephone (310) 207-3800 Fax (310) 820-5988			
Name (Print/Type) Steven Laut		Registration No. (Attorney/Agent) 47,736	
Signature _____		Date 08/19/03	



FEE TRANSMITTAL for FY 2003		<i>Complete if Known</i>	
<i>Effective 01/01/2003. Patent fees are subject to annual revision.</i>		Application Number	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	
TOTAL AMOUNT OF PAYMENT (\$)		First Named Inventor	Andrew V. Anderson
		Examiner Name	
		Group/Art Unit	
		Attorney Docket No.	42P13585

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)																																																																																																																																																																																														
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff; Taylor & Zafman LLP The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account	3. ADDITIONAL FEES <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left; border-bottom: 1px solid black;">Large Entity</th> <th colspan="2" style="text-align: left; border-bottom: 1px solid black;">Small Entity</th> <th rowspan="2" style="text-align: left; padding: 5px;">Fee Description</th> <th rowspan="2" style="text-align: right; padding: 5px;">Fee Paid</th> </tr> <tr> <th style="text-align: left; padding: 5px;">Fee Code</th> <th style="text-align: right; padding: 5px;">Fee (\$)</th> <th style="text-align: left; padding: 5px;">Fee Code</th> <th style="text-align: right; padding: 5px;">Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td style="text-align: right;">130</td><td>2051</td><td style="text-align: right;">65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td style="text-align: right;">50</td><td>2052</td><td style="text-align: right;">25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>2053</td><td style="text-align: right;">130</td><td>2053</td><td style="text-align: right;">130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td style="text-align: right;">2,520</td><td>1812</td><td style="text-align: right;">2,520</td><td>For filing a request for ex parte reexamination</td><td></td></tr> <tr><td>1804</td><td style="text-align: right;">920 *</td><td>1804</td><td style="text-align: right;">920 *</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td style="text-align: right;">1,840 *</td><td>1805</td><td style="text-align: right;">1,840 *</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td style="text-align: right;">110</td><td>2251</td><td style="text-align: right;">55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td style="text-align: right;">410</td><td>2252</td><td style="text-align: right;">205</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td style="text-align: right;">930</td><td>2253</td><td style="text-align: right;">465</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td style="text-align: right;">1,450</td><td>2254</td><td style="text-align: right;">725</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td style="text-align: right;">1,970</td><td>2255</td><td style="text-align: right;">985</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1404</td><td style="text-align: right;">320</td><td>2401</td><td style="text-align: right;">180</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td style="text-align: right;">320</td><td>2402</td><td style="text-align: right;">180</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td style="text-align: right;">280</td><td>2403</td><td style="text-align: right;">140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td style="text-align: right;">1,510</td><td>2451</td><td style="text-align: right;">1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td style="text-align: right;">110</td><td>2452</td><td style="text-align: right;">55</td><td>Petition to revive - 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SUBTOTAL (1)					(\$) 750.00																																																																																																																																																																																										
Total Claims	32	- 20*	= 12	x	18.00	= \$216.00																																																																																																																																																																																									
Independent Claims	5	- 3*	= 2	x	84.00	= \$168.00																																																																																																																																																																																									
Multiple Dependent																																																																																																																																																																																															
Large Entity		Small Entity		Fee Description	Fee Paid																																																																																																																																																																																										
Fee Code	Fee (\$)	Fee Code	Fee (\$)																																																																																																																																																																																												
1202	18	2202	9	Claims in excess of 20																																																																																																																																																																																											
1201	84	2201	42	Independent claims in excess of 3																																																																																																																																																																																											
1203	280	2203	140	Multiple Dependent claim, if not paid																																																																																																																																																																																											
1204	84	2204	42	**Reissue independent claims over original patent																																																																																																																																																																																											
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent																																																																																																																																																																																											
SUBTOTAL (2)					(\$) 384.00																																																																																																																																																																																										

SUBMITTED BY		<i>Complete (if applicable)</i>	
Name (Print/Type)	Steven Laut	Registration No. (Attorney/Agent)	47,736
Signature		Telephone	(310) 207-3800
		Date	08/19/03